

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10 / 578327</div>	FILING DATE <div style="height: 20px; border: 1px solid black;"></div>
APPLICANT(S)		

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3	1	1					53						
4							54						
5							55						
6							56						
7	1	1					57						
8							58						
9							59						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	8						TOTAL DEP.						
TOTAL CLAIMS	9						TOTAL CLAIMS						